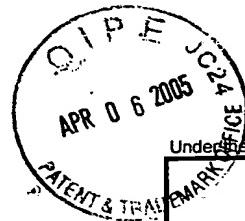


APR 08 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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1636\$

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/080532-Conf. #8658
		Filing Date	February 22, 2002
		First Named Inventor	Malcolm L. GEFTER
		Art Unit	1636
		Examiner Name	G. G. Leffers
Total Number of Pages in This Submission		Attorney Docket Number	PPI-107

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>In lieu of a Response to the Office Action dated 10/06/2004, Applicants file a Continuation Application on even date.</td> </tr> </table>			Remarks	In lieu of a Response to the Office Action dated 10/06/2004, Applicants file a Continuation Application on even date.
Remarks	In lieu of a Response to the Office Action dated 10/06/2004, Applicants file a Continuation Application on even date.			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Maria Laccotripe Zacharakis, Ph.D., J.D.		
Date	April 6, 2005	Reg. No.	56,266

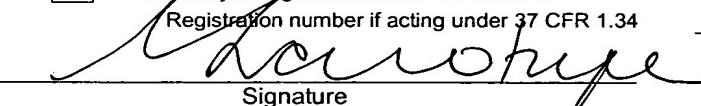
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 553 863 151 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 6, 2005

Signature:

(Maria Laccotripe Zacharakis, Ph.D., J.D.)

APR 06 2005  
JC24  
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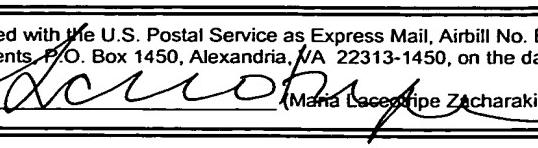
<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  PPI-107
Application Number  1636	10/080532-Conf. #8658	Filed  February 22, 2002
For METHODS FOR IDENTIFYING PEPTIDES WHICH MODULATE A BIOLOGICAL PROCESS		
Art Unit	Examiner	G. G. Leffers
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>56,266</u>	
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
		April 6, 2005 Date
Maria Laccotripe Zacharakis, Ph.D., J.D. Typed or printed name		(617) 227-7400 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	Total of _____ forms are submitted.	

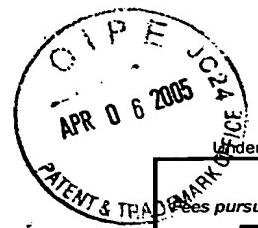
04/11/2005 AWONDAF1 00000006 120080 10080532

01 FC:2253 510.00 DA

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Dated: April 6, 2005

Signature:  (Maria Laccotripe Zacharakis, Ph.D., J.D.)



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 510.00)

## Complete if Known

Application Number	10/080532-Conf. #8658
Filing Date	February 22, 2002
First Named Inventor	Malcolm L. GEFTER
Examiner Name	G. G. Leffers
Art Unit	1636
Attorney Docket No.	PPI-107

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- =	x	=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- =	x	=	

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month

510.00

#### SUBMITTED BY

Signature		Registration No. Attorney/Agent	56,266	Telephone	(617) 227-7400
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D., J.D.			Date	April 6, 2005

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Dated: April 6, 2005

Signature:

(Maria Laccotripe Zacharakis, Ph.D., J.D.)